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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214500278 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SOUTHWEST VIRGINIA LEGAL AID SOCIETY, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BARRY L. PROCTOR 117 WEST MAIN STREET ABINGDON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WASHINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: 01361500</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 227 W CHERRY ST CITY/ST/ZIP: MARION, VA 24354 </div> | | | | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DOUGLAS BRINCKMAN TITLE: PRESIDENT ADDRESS: P.O. BOX 14 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-0014 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DOUGLAS BRINCKMAN TITLE: PRESIDENT ADDRESS: P.O. BOX 14 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-0014 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CARMEL STOWERS TITLE: TREASURER ADDRESS: 535 TALL OAK BLVD CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: CARMEL STOWERS TITLE: TREASURER ADDRESS: 535 TALL OAK BLVD CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CARMEL STOWERS TITLE: TREASURER ADDRESS: 535 TALL OAK BLVD CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MICHAEL ABBOTT TITLE: VICE CHAIRMAN ADDRESS: PO BOX 69 CITY/ST/ZIP/CO: WISE, VA 24293 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: MICHAEL ABBOTT TITLE: VICE CHAIRMAN ADDRESS: PO BOX 69 CITY/ST/ZIP/CO: WISE, VA 24293 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL ABBOTT TITLE: VICE CHAIRMAN ADDRESS: PO BOX 69 CITY/ST/ZIP/CO: WISE, VA 24293 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: HERB CLAY TITLE: VICE CHAIRMAN ADDRESS: 430 SOUTH CHURCH STREET CITY/ST/ZIP/CO: MARION, VA 24354 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: HERB CLAY TITLE: VICE CHAIRMAN ADDRESS: 430 SOUTH CHURCH STREET CITY/ST/ZIP/CO: MARION, VA 24354 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: HERB CLAY TITLE: VICE CHAIRMAN ADDRESS: 430 SOUTH CHURCH STREET CITY/ST/ZIP/CO: MARION, VA 24354 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: NATASHA CARPENTER TITLE: DIRECTOR ADDRESS: 185 RAINES ROAD CITY/ST/ZIP/CO: PEARISBURG, VA 24134 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: NATASHA CARPENTER TITLE: DIRECTOR ADDRESS: 185 RAINES ROAD CITY/ST/ZIP/CO: PEARISBURG, VA 24134 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: NATASHA CARPENTER TITLE: DIRECTOR ADDRESS: 185 RAINES ROAD CITY/ST/ZIP/CO: PEARISBURG, VA 24134 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DAMIE CARTER TITLE: DIRECTOR ADDRESS: 128 DUFFIELD DEPOT LANE CITY/ST/ZIP/CO: DUFFIELD, VA 24244 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DAMIE CARTER TITLE: DIRECTOR ADDRESS: 128 DUFFIELD DEPOT LANE CITY/ST/ZIP/CO: DUFFIELD, VA 24244 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAMIE CARTER TITLE: DIRECTOR ADDRESS: 128 DUFFIELD DEPOT LANE CITY/ST/ZIP/CO: DUFFIELD, VA 24244 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |

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|-----------------|--------------------------------|----------------------------------|--|
| NAME: | JOHN J GIFFORD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 200 EAST MAIN STREET | | |
| CITY/ST/ZIP/CO: | ABINGDON, VA 24210 | | |
| NAME: | TAMMY GRAY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 31 COTTON LANE | | |
| CITY/ST/ZIP/CO: | CASTLEWOOD, VA 24224 | | |
| NAME: | RICK HUFFMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 20436 ADDISON DRIVE | | |
| CITY/ST/ZIP/CO: | DAMASCUS, VA 24236 | | |
| NAME: | MARTHA KETRON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 1210 | | |
| CITY/ST/ZIP/CO: | LEBANON, VA 24266 | | |
| NAME: | BETTY MCCOO | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 409 WEST MARY STREET | | |
| CITY/ST/ZIP/CO: | BRISTOL, VA 24201 | | |
| NAME: | STEVE MINOR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 110 PIEDMONT STREET | | |
| CITY/ST/ZIP/CO: | SUITE 300 BRISTOL, VA 24201 | | |
| NAME: | JOSEPH RASNIC | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 864 | | |
| CITY/ST/ZIP/CO: | JONESVILLE, VA 24263 | | |
| NAME: | GERALD SHARP | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 7 | | |
| CITY/ST/ZIP/CO: | LEBANON, VA 24266 | | |
| NAME: | STEVEN SHELTON-PULLEN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 129 TAZEWELL AVENUE | | |
| CITY/ST/ZIP/CO: | RICHLANDS, VA 24641 | | |
| NAME: | ANDREA TOLBERT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 250 | | |
| CITY/ST/ZIP/CO: | HILLSVILLE, VA 24343 | | |
| NAME: | CHRISTOPHER TUCK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 11422 | | |
| CITY/ST/ZIP/CO: | BLACKSBURG, VA 24062 | | |

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|--|--|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TONYA TURNER DIRECTOR 241 CAMPBELL HOLLOW ROAD HONAKER, VA 24260 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SHELIA WEIMER DIRECTOR 108 East Main Street TAZEWELL, VA 24651 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | AVIS WOLFE DIRECTOR 119 Smith Hill Lane LEBANON, VA 24266 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN ROBERTSON DIRECTOR 504 SOUTH MAIN STREET BLACKSBURG, VA 24063-0014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ HERB CLAY | | HERB CLAY, VICE CHAIRMAN | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | | DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |